



S L HORSFORD & CO LTD

MARSHALL HOUSE ■ P.O. BOX 45 ■ BASSETERRE ■ ST. KITTS, W.I.

INSTALMENT CREDIT APPLICATION

For Official Use Only
Date
Customer Type
Customer No

NAME NICK NAME

ADDRESS

EMPLOYER OCCUPATION LENGTH

SOCIAL SECURITY NO. PHOTO IDENTIFICATION PROVIDED? YES NO.

Tel (H) (W) FAX# CELL# Email

PREVIOUS CREDIT YEAR WERE PAYMENTS REGULAR?

CONTACT NAME TELEPHONE (W)

CREDIT AMOUNT REQUESTED \$

MARITAL STATUS AGE DEPENDANTS

STATEMENTS OF AFFAIRS

Salary/Wages \$ Other Income \$

Monthly Commitments: \$ to

 \$ to

 \$ to

 \$ to

Bankers S/A C/A

Please note that a credit verification check is done for all applications over \$5,000.00.

Disclosure agreement signed? YES NO

I hereby affirm that the information given above is true and correct to the best of my knowledge

Customer's Signature

Witness

Date:

TERMS OF AGREEMENT:

- 1. Down Payment of \$
- 2. Repayment by month/weekly instalment of \$ Commencing on and the the day of each month/week until loan is fully repaid. Category Code:
- 3. Interest charged at the rate of% monthly on the reducing balance.
- 4. We reserve the right to charge a collection fee of up tp 20% for accounts with payments in arrears.

In accordance with **S. L. HORSFORD & CO. LTD.** granting credit facilities, I undertake to make settlement as agreed

Customer's Signature

S L Horsford & Co. Ltd.
Authorised Signature

Date:

disclosure agreement

**TO: S L HORSFORD & CO. LTD.
MARSHALL HOUSE
1 WEST INDEPENDENCE SQUARE STREET
BASSETERRE
ST. KITTS**

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Date:
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Customer No.:

I/We, the undersigned expressly and irrevocably authorize you to obtain from the persons, firms or companies named below, any information which you may require relative to this application including, but not limited to, confidential information within the meaning of "The Confidential Relationship Act - 1985". This document shall also serve as my/our express and irrevocable authority for the said persons, firms or companies to provide you with such information.

This authorization is a continuing authority give to the Company by the undersigned:.

**Foundation For National Development (St. Kitts - Nevis) Ltd.
St. Kitts-Nevis-Anguilla-National Bank Ltd.
Development Bank of St. Kitts & Nevis
St. Kitts Co-operative Credit Union Ltd.
First Caribbean International Bank
The Bank of Nova Scotia**

**Royal Bank of Canada
TDC Rentals Ltd.
The Bank of Nevis
Courts Ltd.
FINCO Ltd.**

SIGNATURE _____

ADDRESS _____

NAME _____

DATE _____

OCCUPATION _____